

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0661-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,020.00

Complete if Known

Application Number 10/699,160
 Filing Date October 30, 2003
 First Named Inventor Shigeharu Kanemoto
 Examiner Name Kelly J. Mahafkey
 Art Unit 1781
 Attorney Docket No. IS8-045

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CENTRAL FAX CENTER

NOV 15 2006

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims Extra Claims Fee (\$)

14 - 20 or HP = 0 x 0.00 = 0.00

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

1 - 3 or HP = 0 x 0.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

0 - 100 = 0 / 50 = 0 (round up to a whole number) x = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): 3 Month Extension of Time

\$1,020

SUBMITTED BY

Signature  Registration No. 40,045 Telephone (509) 824-4278
 Name (Print/Type) D. Brent Kenady Date November 15, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NOV 15 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 10/699,160
Filing Date October 30, 2003
Inventor Shigeharu Kanemoto
Assignee Satake Corporation, and Riviana Foods, Inc.
Group Art Unit 1761
Examiner Kelly J. Mahafkey
Attorney's Docket No. IS8-045
Customer No. 021567
Title: Process for Preparing Instant Rice and Product Thereof

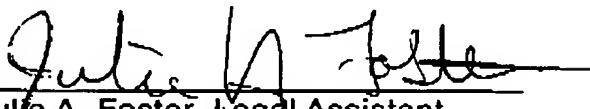
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR §1.8

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (571) 273-8300 on the date shown below:

1. Certificate of Facsimile Transmission;
2. Transmittal Form (PTO/SB/21), and Fee Transmittal (PTO/SB/17) in duplicate;
3. Petition for Extension of Time (PTO/SB/22) in duplicate; and
4. Response to May 15, 2006 Office Action.

Dated: November 15, 2006 By:


Julie A. Foster, Legal Assistant
Telephone No. (509) 624-4276
Facsimile No. (509) 838-3424

NUMBER OF PAGES IN FACSIMILE: 19**FEE DEFICIENCY**

Although it is believed that no fees are due, the Commissioner is hereby authorized to charge any fees under 37 C.F.R. §1.16 and §1.17 which may be required by this paper to Deposit Account No. 23-0925.

PTO/SB/21 (09-06)

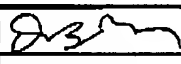
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10689,160	RECEIVED CENTRAL FAX CENTER NOV 15 2006
	Filing Date	October 30, 2003	
	First Named Inventor	Shigeharu Kanemoto	
	Art Unit	1781	
	Examiner Name	Kelly J. Mahafkey	
Total Number of Pages in This Submission	Attorney Docket Number	IS8-045	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Certificate of Facsimile Transmission
Remarks -Customer No. 021567		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Wells St. John, P.S.		
Signature			
Printed name	D. Brent Kenady		
Date	November 15, 2006	Reg. No.	40,045

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name		Date	November 15, 2006

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